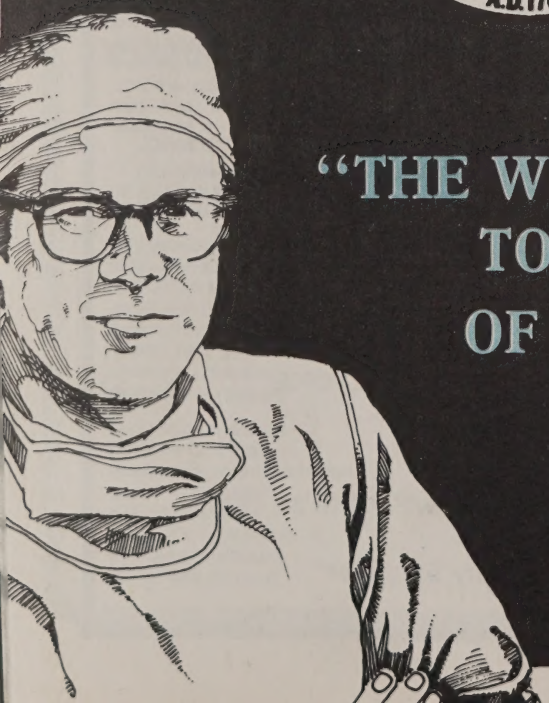
The Hampden Hippocrat

NOVEMBER 1979



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HAMDPEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, November 27, 1979

PLACE: RODEWAY INN & CONFERENCE CENTER
I-291 & Mass. Pike, Exit 6
Chicopee, Mass.

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.

SPEAKER:
The Honorable Philip M. Crane
Congressman, 12th District, Illinois
Republican Candidate, President of United States

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NOVEMBER 1979 VOL.XXXV-NO.9

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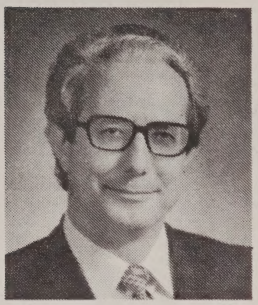

PRESIDENT'S PAGE

E PLURIBUS ENUM

The latin motto well adapts this year to our Medical Society, as, indeed, many members make a strong organization. To stay with latin, let me repeat that it is a ''Conditio sine qua non'' for a Medical Society in a country like ours to be capable of representing all of the physicians and not just a percentage, however large. This is particularly true today whereby we have seen the role of professional associations change from one of social-charity type to one of ethical-political force of vital necessity in the respective communities. Every physician in our District should feel or perceive the catalytic force which his Society represents. In the daily task of approaching and solving problems, we are attempting to be as militant as possible and militancy is our attribute today. Other business and professional groups are also militant. This approach is nothing new, and truly, local authorities at every level listen We have seen that we can win if we persist in being involved. Our mission, and on purpose, I do not underscore the importance of even a small medical group like ours, is not only limited to organizing medical meetings, or publishing articles, but also working at what is the real meaning of a Medical Society today, which is the ''solution of the problems of medicine''.

In this position, the Hampden District may represent a forum, or a podium where every member could be involved and take the challenge. Everybody should be a member, but not only a checkbook member. Each physician should find, instead, in the context of the Society his most appropriate constructive role. The concerned physicians will find a better knowledge of the system. The non-ambitious will find a self-reinforcement. The ambivalent or the dissident will find ways to communicate grievances and take part in their solutions. The supportive ones will find encouragement.

As a matter of fact we will have to ask just about everyone of you to serve. The lines of responsibility are growing and new members could

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very well fit actively in any one of them, above and beyond the present committee structure. Spokesman of good caliber, fiscal supervisors, planners, policy makers, communication improvers, evaluators of medical or paramedical situations or phenomena, and finally, why not, indoctrinators, are all needed.

A word again to the dissidents and defectors as mentioned above, times have changed and the spirit of the Society has also changed. The crystallized structure of the past is no more. The voice and aspirations of the new generation is being felt and it is positive. In view of this, disagreements are now seen as legitimate. They are discussed and even, if voted down, minority opinions are still highly considered. Those frustrated by problems which may appear as impossible to solve will find their niche and their lines of constructive actions. Those who seek recognition, if valid, will so be recognized by their colleagues and will serve accordingly as leaders, and there should be no jealousy! Within the Society, the rotation system is such as to permit a frequent change of leadership still maintaining a structural stability.

In conclusion, the interest is common. The omeostasis in our Society is such as to permit a good balance between various opinions, while the old stubborn walls erected against changes are no longer. Still in an era when the cost of medical care is inducing more concern than the quality of care, it is the duty of each and every member to adequately defend and preserve the high quality of medical care provided in our area, and on this common ground, we find all of us physicians unendingly united. □

FRANCO NAVAZIO, M.D.
President

MEMBERSHIP

Member - from Sanskrit - mamsa, meaning flesh: one who forms part of a body; a constituent part of a whole.

Are you a member of the A.M.A.? If not, why don't you join? These are questions which all A.M.A. members should be asking their fellow physicians at every opportunity. Because membership in the A.M.A. has become a vital problem to the practice of medicine.

It is typical of Americans to take action only when a crisis appears. The crisis in A.M.A. membership appeared in 1976, when the percentage of American physicians belonging to the A.M.A. dropped below 50 percent. Although numerical gains have been registered in the past 4 years, only 217,000 of 452,000 U.S. doctors (48 percent) belong to the A.M.A. Worse than that, only 150,000 are full dues-paying members, contributing $250 to the many programs organized by the A.M.A. The other 67,000 are either senior members (free), interns or residents ($35), medical students ($15), or in their first year of practice ($125). The A.M.A. is no longer able to claim support of the majority of U.S. physicians and its activities are seriously constrained by inadequate financial support.

Do we need an A.M.A.? Even momentary consideration reveals the necessity of some type of national society uniting all physicians. There are now 250 medical societies in the U.S. outside the Federation of county (district) and state medical associations vying for the allegiance and dues dollars of physicians. Their very existence indicates the magnitude of problems facing physicians today. Among these many groups, each of us can find a voice for the needs of an area of professional specialization, our sex bias, our race, creed or national origin. None of them can truly represent all physicians.

Membership in the A.M.A. confers a number of privileges. We can attend certain scientific meetings and get certain medical journals without cost. We can get library service and access to certain training programs. We can get group insurance, a Keough Fund and legal advice. We can also get 25 percent off on a Hertz car. Most of these

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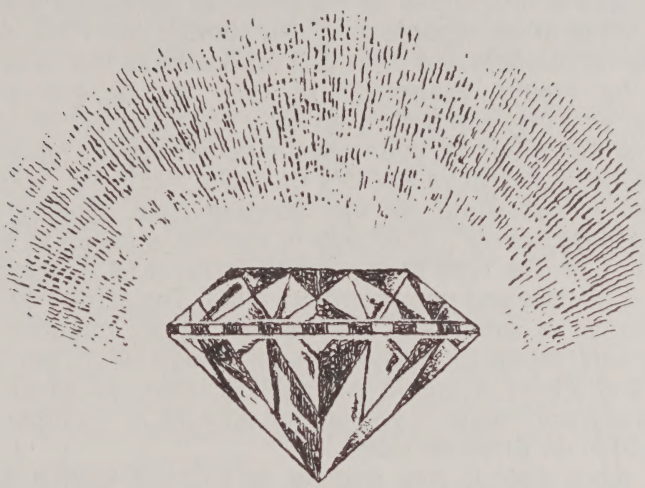

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benefits are available to us from other organizations. Hardly worth $250, or $550, if you include district and state society dues.

But, where else can you acquire significant input into the development of national health policy? Who else can develop an appropriate area of operations for paramedical personnel and physician extenders? What other organization can combat the FTC, compulsory caps on hospital budgets and such bad proposals as the recent National Guidelines for Health Planning? In this day of ever-encroaching bureaucracy, who else can supply an early warning system for the next governmental intrusion? Do you trust the government's statistics on the cost effectiveness of HMD's PSRO's CMHC's, etc.? Can you develop a positive plan to substitute for the Congressional cure-all when real national needs do appear? This type of service is cheap at any price.

But it is just this type of service that the A.M.A. supplies to all physicians, members and non-members alike. The same can be said for the accreditation of continuing medical education, maternal and child health programs, model professional liability legislation, jail health care standards, and a host of public information programs which help both our patients and our image. If you are not an A.M.A. member, you are a FREE-LOADER on these services.

A few years ago, it was popular to express dislike for A.M.A. policies by re-signing from one or more levels of the Federation. Obviously, it would have been better to work through an A.M.A. delegate to change these policies. I have previously stated in these pages how effective this can be. But today, resignation shifts the burden of maintaining these vital programs to your fellow physicians who do have a social conscience. A physician has a duty to provide the best possible medical care to patients, one at a time. He also has a duty to promote good medical care to the nation as a whole. This duty can be discharged by A.M.A. membership, the more active the better.

For those who wince at the price, I have two suggestions. First, look at the annual dues of carpenters, chiropractors and other tradesmen. Secondly, recruit more members. If all eligible members had joined this year, our dues would have been 44 percent lower. Let's get those free-loaders off their apathetic backsides and do the job right. We are the flesh, the substance, the constituents of American medicine. United, we stand for the best in health care. Divided, we fall to the bureaucratic planners, the Congressional con-men and the hucksters who capitalize on misfortune and ignorance. This issue of the Hippocrat tells you how to participate. □

GARRY deN HOUGH, III, M.D.
Chairman of Membership Committee

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A DAY AS SENATOR

Since taking the oath of office as a state senator last January, many people have asked how I enjoy being a member of the legislature; others have wondered about what comprises a typical day. I would like to take this opportunity to share with you some of my thoughts on these matters.

I have found the Massachusetts Senate to be an institution where tradition holds a proud place. The Senate chamber is one of the oldest legislative meeting places in the nation and has been the scene of many historic debates concerning the rights and privileges of the citizens of the Commonwealth. I consider it an exhilirating experience and an honor to be chosen by the people of my district to represent them in such an august body.

Requisites for the position of Senator include scholarship, fiscal conservatism, compassion and the ability to deal with other government officials. The fine art of political compromise is a skill well-learned early. One must develop the ability to protect the interests of the 135,000 people one represents and blend this with your own conscience on the merits of a given issue.

The prospect of coming to grips with the major and minor problems facing our area and our state and the pleasure of being able to offer assistance to constituents provides a framework through which Boston can be brought closer to the inhabitants of western Mass.

Despite having to convince some Bostonians that we in the "golden west" are not all farmers holding pitchforks and driving tractors, a good deal of personal satisfaction comes from seeing our work bring results for the people of our region.

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A typical day generally begins with a telephone call from a constituent or a reporter that may or may not find me awake. Rumors to the contrary notwithstanding, state senators do sleep like everyone else.

After calls and a quick look at the morning newspapers, it is off to the State House either by car pool or public transportation, depending upon the day's schedule. Either method requires at least an hour and a half on the road each way.

During most of the morning, committee hearings are in progress. Presently, I serve on committees which deal with energy, education local affairs and urban affairs. During hearings, we receive testimony from intersted parties on legislation before us and have the opportunity to question speakers as to their facts and arguments. It is not unusual for three of my committees to be meeting simultaneously and staying current with all of them can be an intersting endeavor.

After the hearings is generally the time for office work; reviewing the mail, reading staff research and memorandums, dictating letters, making phone calls and greeting visitors from the district.

Just prior to the regular Senate session, I meet with my staff to discuss invitations to meetings and events, district issues or constituent problems and legislation coming before the Senate that day. If I have time for a brown bag lunch, I consider myself lucky.

Usually, I will be able to send out for a sandwich just prior to the opening of the daily gathering of the Senate. One of the advantages of working in the State House is that there must be at least 100 sandwich shops within two blocks.

Depending on the number of issues before us, the session could last for two hours or all night (as ocassionally occurs on major issues).

Finally, my day at the capital ends and I make the return trip to the district, where the evening affords me the opportunity to meet with constituents, local officials and community groups so that I can more accurately reflect the views of the area.

While the pace is often staggering, the demands reminiscent of a hydra, the pressures sometimes unceasing and the issues often complex, the state Senators's job is a great challenge, combining extraordinary opportunity and rewarding public service. □

JOHN P. BURKE, SENATOR
First Hampden-Hampshire District

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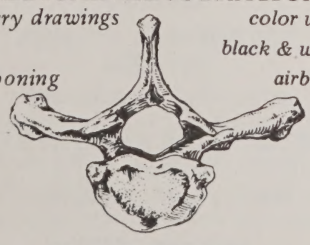
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I want to talk with you very seriously about what I think is the major problem in this country, and that's you.

I cannot try to represent the doctors of this country and make a clear-cut distinction between the ones that are members and the ones that are not; we wind up representing them all. Every county society president in this State and every other state winds up representing the interest of the doctors in that county, whether he likes it or not.

I'll tell you very frankly - I don't like representing the interest of non-members. Nobody else in this country has lifted a finger to protect the public interest and the interest of physicians in this country like the federation has, and we ought to be proud of that. If we can't be proud of it, then we ought to give up our jobs, let somebody else do it, and go back and do whatever it is that thrills us the most at the moment. We can then sit back in self-righteousness and say, "Let George do ut" Well this is not a job that "George" can do by himself, there are not that many Georges around. Every Tom, Dick, and Harry in American medicine will have to get off his duff, because the problems are getting worse, not better; more acute, not resolved; and if we in fact want to protect this federation, if we want to protect the physician population in this country, then we have to do better.

There are a little over 400,000 doctors of medicine living in the United States. 392,000 of them profess to be actively engaged in the practice of medicine. Of that number 60,000 residents in this country (they are MD's too, you know.) There are about 35,000 full-time research physicians, who do not render patient care. If you add that up,

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there remain about 300,000 doctors in the country who are delivering some form of patient care on a daily basis. 155,000 of those physicians were active members of the AMA last year. We had another 15,000 resident members. When we added the dues exempt members, our total number was about 202,000. That is not near enough. It offends me as a dues paying member of the AMA; and I am. I'm also a dues paying member of several other societies. I write out a check for $1150 every year, just as you do. It offends me that half of the physician population of this country is getting a free ride. If I thought they couldn't afford it, I might be sorry for them. But, number one, they can afford it; number two, one of the big proplems is we have not asked them.

Let me tell you something about the federation of medicine. All of us think we know a lot about it until we get right up to our eyebrows in it, and then we find out how much we didn't know about it. Across this country for some 30 years there has been a habit pattern that if a doctor did not pay his dues to the county society in any given year he was never invited back. Think about that for a while. Nobody ever said, "Come on Henry, put your money up, get back in the club. You have no business being outside." We just let them go as though we didn't need them, didn't want them, and didn't care. 60,000 doctors in this country belong to state and county medical societies, but do not belong to the AMA. 150,000 doctors in this country don't belong to anything. I will tell you, we can't survive under that arrangement for very much longer. The cost of doing business today and the protection of the public in the profession is much too high for that kind of attitude.

I spent three days in Washington last week testifying before two Senate committees. I'm going back to Washington Sunday to testify before the House Ways and Means Committee. Tom Nesbitt is staying over and will be testifying on Thursday before the Senate Finance Committee. There are weeks when we literally commute. The legions of people who would like to take over this profession are not decreasing in size. They are getting more sophisticated in their proposals for doing it.

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The secretary of HEW now says there are too many doctors in the country, and that's why we have the price increases. He will use the power of the federal buck to force medical schools to reduce their enrollment. Of course, the Chairman of the Federal Trade Commission says exactly the opposite - there are not enough doctors in the country, and that is why we have the escalation in the cost of care.

We are fighting with the Federal Trade Commission on three different fronts over your rights to continue to practice medicine as we know it and think best. One of those fights revolves around the entire certification system in graduate medical education. Their expressed desire is to eliminate board certification.

Now I'm dumb enough that I happen to think those are very serious problems, and I don't believe they will go away between now and this time next week, or next month, or next year, and maybe never. The Federal Trade Commission hired 186 newly graduated lawyers last year for the sole purpose of pursuing medicine and law in all of its forms as targets for the Federal Trade Commission.

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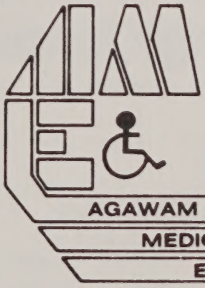

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The AMA is the largest publisher of scientific information in the world. We produce and distribute 38 million copies of our 10 scientific journals each year, in addition to AMA News. It costs us $8 million, above and beyond the income from the publications, to do it.

We think that a prime requisite for a medical organization should be involvement, and futherance of the art and science of medicine, and the betterment of the public health. That is what it says in our charter and that is what we will keep on doing. I find it difficult to believe that there are 150,000 doctors in this country that are unacceptable candidates for membership in county medical societies.

There are so many things that we've tried to do in the last year that I could stand here and talk to you about, but I will talk to you about one more "George," if I may. All of you are aware of the fact that the AMA created the National Commission on the Cost of Medical Care in late 1976. It met for 18 months and it issued its report in December 1977, 48 recommendations, not all of which were acceptable to the AMA. That didn't surprise anybody, or shouldn't have. It was a free standing autonomous commission; the third one since 1952 that the AMA has produced. The first two wrote beautiful reports that were promptly put on the shelf and were forgotten about. I made up my mind that this one wasn't going to be forgotten about, because, as far as I'm concerned, it's the third most important document the AMA has ever caused to created. The first one, the Flexner Report; the second, the Health Manpower Report in the early 60's; and the third, this report of the Commission on the Cost of Medical Care. It was broken down into 8 sections. At least 3 of those sections are directly applicable to industry and business.

We started in early 1978, and we approached the top 50 of the

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"Fortune 500" companies in terms of size, and we started a corporate visitation program. I believe I've been in every major building in downtown Manhattan over 60 stories tall in the last year at least twice, visiting with corporate officials. We spread it out among our officers and trustees. At the end of 1978 we had visited 49 of the top 50. We've started on the second 50 in 1979. We went in and said to them very frankly: "I don't know why it has been 136 years since the AMA has been created and nobody's been to see you, but let's not spend any time talking about it. The fact is, we are here today. Let's talk about your problems as a major purchaser of health care." At one of the meetings with the steel industry I had five men sitting around a table like this, and those five men were spending 2.75 billion dollars a year buying health care benefits for their employees - just to give you an idea of the magnitude. They have problems. They have the same problems you and I have; they have the problems of increasing costs, decreasing productivity, stabilization of wages and salaries that are totally out of hand; but they had one thing that we expected, and we're glad to find, and that was - they had an appreciation for the need to keep medicine free of further government regulation and control.

As a result of that series of visits, out of our cooperative efforts with the Washington Business Group on Health, (which is an off-shoot of the the Business Round Table) out of our conversations and deliberations with the Task Force on Health of the Business Round Table representatives cancelled a meeting with the President of the United States, set for Friday, with a comment to the White House that there was nothing Mr. Carter could say to them that would change their minds relative to the administration's cost control bill. They were committed to the voluntary effort of the American Medical Association, and the American Hospital Association. I think that is probably one of the greatest accomplishments we will have in our lifetime. To bring the business community, which historically is our ally, and should continue to be our ally, in the free market place, in the free economy, back to the table, with medicine in a position where they are willing and ready to stand up and say to anyone, including the President of the United

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States, "There isn't anything you can say to us. We will stay with medicine."

That is tangible. We could talk all day about intangibles, but that is tangible. A total of 60 companies, which we have visited, know that doctors are interested in their problems, and in their employees' problems. That is tangible. We could stay here the rest of the day talking about tangible assets of medicine, but that is a good illustration.

There are things you do in this State that I don't know about that are just as tangible as that, of that I'm sure, and you're doing them for 50% of the doctors who do not help pay for it, or work at it. I'm doing them for slightly less than 50% of the practicing physicians in this country, who do not help pay for it, and do not help work at it; and I'm tired of that. I hope you're tired of that. Let's now see if we can't put together a package that brings those people back to the table with the rest of us, not only to help pay for it, but to help work at it. □

JAMES H. SAMMONS, M.D.
Executive Vice President
American Medical Association

(Excerpts from an address given by Dr. Sammons to the Medical Society of New York)

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In Memoriam

HAROLD B. WILLIAMS, M.D.

Doctor Harold B. Williams of Longmeadow died on October 14, 1979, just shy of his 55th birthday. He was born in Worcester, Massachusetts but spent his early childhood in Whitinsville, Massachusetts. After attending Phillips Exeter Academy he entered Harvard University and from this institution he went on to Albany Medical College of Union Univeristy where he earned his medical degree in 1947. His internship was at our own Baystate Medical Center following which he pursued two years of post-graduate residency in Pulmonary Disease at Bellevue Hospital in New York. He was in active practice in Internal Medicine for twenty-five years in our city, and served as Secretary and Treasurer for a number of years at the Baystate Medical Center. Doctor Williams served as an active member of the American College of Chest Physicians and the American Trudeau Society, the National Tuberculosis Association. He was a diplomate of the American Board of Internal Medicine and held an academic title of Associate Clinical Professor of Medicine at Tufts University School of Medicine.

Doctor Williams was one of the most dedicated physicians in our community; his gentleness, understanding, competence and concern for his patients and colleagues was unequalled.

When I think of Doctor Williams I am reminded of Robert Louis Stevenson's remarks: "There are men and classes of men that stand above the common herd: the soldier, the sailor and the shepherd, not infrequently the artist, rarer still the clergyman; the physician almost as a rule. For he is the flower (such as it is) of our civilization."

Deepest sympathy is extended to his wife Evelyn, his family, friends, colleagues and countless patients who will miss him much.

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"Did any poet or sage ever take a pensive sprint?"
Ronald Jager in Harper's
Any body who does it (runs) for health reasons is deluding himself."
Herbert Waxman, M.D. in The Morning Union

I wandered lonely as a cloud
(With Wordsworth my apologist).
"This cannot be," I said aloud,
"For any cardiologist."

But Wordsworth, who was very wise,
Would often call a cabbie,
And when he needed exercise
Would sit near Tintern Abbey.

The ancient Greeks were often wont
To run, and not meander,
Or else to swim the Hellespont
Like amorous Leander.

We can, of course, recall the day,
With father Barrett frowning,
When daughter Lizzie ran away
And married Robert Browning.

But what are all their words worth now?
They're hardly ever printed.
Their thoughts are lost on me and thou.
Perhaps they should have sprinted!

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EXECUTIVE COMMITTEE
September 18, 1979

The Executive Committee of the Hampden District Medical Society met on Tuesday, September 18, 1979 in the Conference Room.

Present were Drs. Navazio, Walthall, Remsberg, Flahive, Dasco, Stoddard, Rich, Zadworny and Mrs. Purdy. Absent were Drs. Siragusa Bloom, Corsaro and Fitzpatrick. The minutes had been mailed out and were approved.

Correspondence

A request from Helene Johnston, Vice President of Public Affairs from Blue Cross-Blue Shield was read for a change in a tape in the Tel Med system. The committee approved the change with the deletion of the last paragraph. Ms. Johnston will be so notified.

The Worcester District Medical Society circulated a questionnaire during the summer to district societies. This was answered by Mrs. Purdy and was presented as informational to the committee.

The widow of Dr. Roberts wrote a thank you note to the Hampden District Medical Society for extending condolences on Dr. Roberts death.

A questionnaire sent by the Western Massachusetts Health Planning Council had been mailed to the committee for comment. Comments were indeed strong and discussion was held.

Dr. Harris, a member of the Executive Committee, submitted his resignation. His resignation was accepted with regrets.

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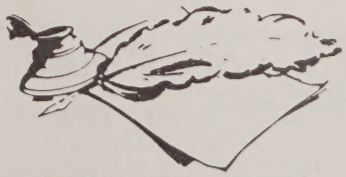
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Old Business

The yellow page advertising persons are soliciting physicians for box ads. Mrs. Purdy has contacted the office and Mr. Scofield. He has assured us that they will not solicit in this fashion.

The Blue Ribbion Commission study of the Springfield Health Department was discussed and two letters were read concerning this.

Drs. Navazio and Siragusa will plan to meet with Mayor DiMauro in the near future.

Gasoline for the future was discussed. Mrs. Purdy has the name of the President of the Gasoline Association and if needed contact will be made to him in the case of an emergency.

Dr. Stoddard's resolution of June was discussed. It was late for the printing of the advanced information. Dr. Dasco took it to the meeting in Boston of the Executive Committee but it was late on the agenda and a quorum was not present. Dr. Rodkey referred it to a committee. Mrs. Purdy will find out which committee it was referred to.

New Business

Finance planning for physicians was discussed. Several options were available but the committee voted in the negative for any study by a committee or involvement with any commercial organization.

The American Medical Association offers awards to physicians for their accommplishments in the areas of science, etc. Physicians are eligible to apply if interested. One nominee has been presented.

Dr. Rodkey's concerning S.B. 659 had been circulated to al physicians in the state and several members of the Hampden District Medical Society have contacted their representatives on this bill.

A Hospice Program has been started in the area by the V.N.A. and speakers are available for organizations.

The committee approved the appointment of Dr. Warren Morgan, dentist to replace Dr. McKenna, as a liasion between the dental society and the medical society.

The committee approved of the suggestion by Dr. Guardione to hold the Hampden District Medical Society Golf Day in June of 1980 and call the trophy the Dr. Harry L. Roberts trophy. It is hoped that more physicians will be interested in participating.

Mrs. Purdy gave her report and announced that Marie Santos, Secretary would be leaving as she is moving to New Orleans.

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A discussion followed concerning the article on Credit Card Collections that was in the Massachusetts Medical Society NEWSLETTER in August. The business manager of the American Medical Association replied that credit card usage is acceptable and is considered a convenience to patients. Further inquiries will be made to the Massachusetts Medical Society about this.

Mrs. Purdy, as Managing Editor, of the Hampden Hippocrat, gave a report of the latest meeting of the Publication Committee and asked the Hampden District Medical Society for a grant of $2,000 to help to keep the Hampden Hippocrat in the black. She also asked for a $5.00 assessment for 1980 with the dues. The Hampden Hippocrat has been in existence for thirty seven years and has never asked for financial help for the Hampden District Medical Society before. The committee discussed this and voted to give the Hampden Hippocrat $1,000 and also voted for the $5.00 assessment. However, the committee is inviting Dr. Pacosa to the October Executive meeting to give specific recommendations for the future of the Hampden Hippocrat.

The meeting was adjoined at 9:55 P.M. □

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Secretary

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"Reflections On A Piece Of Linen Thread"

Upon my graduation from medical school, my brother-in-law presented me with a gift. Himself an impecunious medical student, he had bought, at a little book store, two medical texts-not very expensive, but very old. One was Xavier Birchat's "LAST COURSE IN PATHOLOGICAL ANATOMY", in translation from the French, published in 1827. The second was a twelfth edition of Cheselden's "THE ANATOMY OF THE HUMAN BODY" dating to 1784.

The books are in only fair condition, leather binding dried, pages yellowed, brittle and cracked with age. Page 143 of the Cheselden discusses the salivary glands; it had been torn in half. A nameless student, no doubt a budding surgeon and one of the many owners over almost two centuries had sutured the injured page together. It is, I believe, a running suture of braided white linen, unwaxed. The edges are approximated clumsily, even to my Internists eyes: but it is sewn carefully, and with obvious veneration for the wisdom printed thereon.

Transparent cellophane tape was far in the future for that student-so was the audio cassette, video tape, 2 way radio conferences, slides and film strips, microfiche cards and the spiral bound throwaway syllabus. He knew nothing of the wondrous "learning tools" that compete for our attention as practitioners now.

How many of us, reading this, take the time and effort to Preserve anything of the "educational" flotsam that floods across our desks every day? In this plastic, disposable, frantic world, how many of us are blown away by the "information explosion"?

In the beginning, there was the Word-and the word was in Books. From books like these, with diligence and toil, you and I spent half our lives acquiring the basic knowledge of our profession. They were the fountain of our skills and to them we should still return and refresh our knowledge.

I am giving that old book to the Springfield Academy Library for display along with other memorabilia there.

You are invited to visit, and look at the loving stitches on Page 143. Perhaps it will rekindle in you, as it has in me, a reverence for the miracle that is a book. There are 25,000 "Miracles" on the shelves of the Springfield Academy. It is still appropriate to worship at that shrine, as did that long-dead student of Cheselden. □

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EXECUTIVE COMMITTEE
October 16, 1979

The Executive Committee met on Tuesday, October 16, 1979 in the Conference Room of the HDMS.

Present were Drs. Navazio, Walthall, Stoddard, Siragusa, Rich and Mrs. Purdy. Dr. Morgan, representing the Valley District Dental Society was present. Absent were Drs. Dasco, Corsaro, Flahive, Remsberg, Bloom, Fitzpatrick and Zadworny.

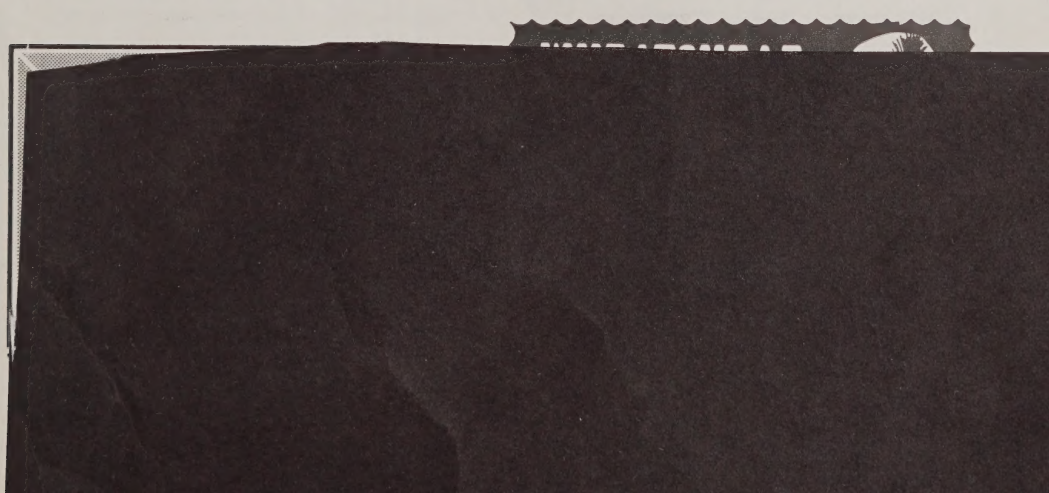
Dr. Pacosa, Chairman of the Publications Committee was present to discuss the problems of the Hampden Hippocrat. He talked about the history of the 37 year old publication, the problems facing it at present with a decrease in ads and income. There has been a $2,000 deficit yearly during the last three years. It is hoped that with a grant from HDMS, more ads, reducing the pages to 28 and the assessment of members for next year that the Hippocrat will become solvent in 1980. Dr. Pacosa and Mrs. Purdy will visit the New England Journal of Medicine in the future and meet with Mr. Milton Paige, business manager who may be able to help. Dr. Navazio thanked Dr. Pacosa for his presentation and wished him success with continuing the Hampden Hippocrat.

The minutes had been mailed to the members and they were accepted as written.

The South End Community Health Center Corporation sent a notice of their Cancer Screening Clinic to be held Monday, October 29, 1979 and had verbally asked for physicians to aid in the examinations. The committee asked that in the future a two month lead time be used as it is difficult for physicians to plan their office hours, etc, in less time.

A note from Mr. Gesing, speaker for the September District meeting was read as informational.

Dr. Navazio reported on the meeting held in the morning with Mayor Dimauro on the Blue Ribbon Commission report on the Health Department. They expressed the desire that the Commissioner be a physician. The Mayor was receptive to the suggestions about physician involvement in the continuation of the Commission.



Mrs. Purdy reported on a meeting she had with Tim Fitzgerald of the Community Development Corporation known as an HMO. They will need a physician on their Board of Directors within two months. Any physician interested in serving on this Board please contact Mrs. Purdy in the HDMS office.

Dr. Seaver, President of the Springfield Academy of Medicine will be attending the November meeting of the Executive Committee to discuss merging the Academy and the HDMS.

The HDMS RESOLUTION given to the MMS has been assigned to committee for consideration at the February Council meeting.

Nine physicians have not paid their dues to the MMS. Dr. Shedd, Treasurer called Mrs. Purdy and pointed out that insurance benefits would be dropped as well as the New England Journal of Medicine if these dues are not paid. These members plus seventeen from HDMS who have not paid, will not be forwarded to the Board of Registration of Medicine for CME credits for re-registration as of January 1, 1980. Dr. Remsberg Treasurer of HDMS and Mrs. Purdy will work this situation out.

The meeting was adjourned at 10:10 P.M. □

WILLIAM W. WALTHALL, M.D.
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For 26 years the Auxiliary to the Hampden District Medical Society has raised funds for health career scholarships through the White Cap Ball. Research of our records shows that our Auxiliary has awarded close to $50,000 to help over 300 young people pay for their education. Your interest and support has been greatly appreciated

As a social event, the Ball has had dwindling attendance the past several years and it has become increasingly difficult to find people to help plan it. In addition, profits have diminished due to increasing costs. Last year we made $300 on the Ball and $1500 on donations from sponsors and patrons who did not attend. This year we have awarded a $500 scholarship to each of 5 highly qualified students in the health field.

The questionnaire sent to our membership in January indicated great support for a scholarship fund drive. In view of declining interest in the White Cap Ball, the Board voted in April to forego that as a means of raising money this year and to conduct a scholarship fund-raising campaign by mail instead.

Whatever you decide you can give will be gratefully received. Our Health Careers Scholarship Fund needs your support now more than ever.

Sincerely,

Jean Medrek
President

DISTRICT MEETING
September 25, 1979

The first district meeting for the 1979-1980 year was called to order by Dr. Navazio, President at 6:35 P.M. at the Yankee Pedlar in Holyoke, Massachusetts.

There were 96 reservations and 102 attended.

Minutes of the Annual Meeting of April 24, 1979 were read and approved as read.

Dr. Navazio informed the membership about the Blood Bank Committee of the Massachusetts Medical Society approving of a Commerical Blood Bank but explained that HDMS sent a telegram to Senator Sisitsky and Representative Holland expressing the desire to keep Blood Banks in the present situation with the Red Cross.

Dr. Navazio proposed that wives be invited to all meetings. A vote taken of members present showed that the motion was not carried and it will be proposed at a later meeting.

Dr. Navazio informed the members that the Executive Committee is against box ads in the yellow pages of the telephone directory.

The Council of the MMS will meet in Springfield, October 10, 1979 at the Rodeway Inn. Members of the HDMS are invited and encouraged to attend to listen to the proceedings.

There being no further business, the meeting was adjourned at 6:53 P.M.

After cocktails and dinner, Dr. Navazio introduced Mr. Rand Gesing of the Milton Bradley Company, speaker of the evening. His topic was "The Impact of Medical Care and Medical Costs on the Local Business Community." Mr. Gesing handed out a reprint of "National Survey of Medical Costs Comparison - 1967-1977 based on the National Chamber of Commerce Survey of Industry."

Group insurance costs including employer payments for life, medical, hospital and surgical insurance has increased the most in the 10 year period---264%.

Currently medically related costs are averaging $20.00 per employee per week which represents about 10% to total employees compensation, pay roll costs. Business is alarmed at medical costs in this area. An area employer who employs 500 persons has an annual cost of $500,000 per annum. How can this cost be reduced?

Mr. Gesing proposed cooperation in discussing cost accounting with him or his appointee to make an effort to reduce cost of medical care. The program set up by the Planning Council regarding second opinions has reduced operations to 50% in those categories designated for study.

Several physicians asked questions and made statements about cost of medical care.

The meeting was adjourned at 9:30 P.M. □

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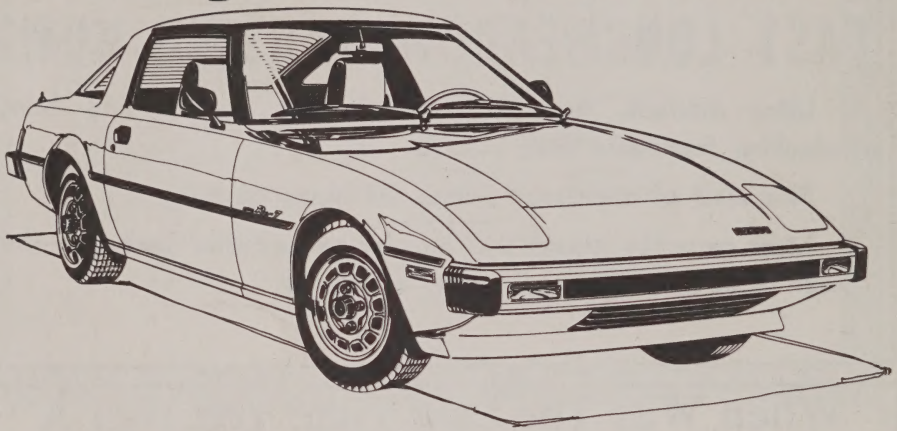

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